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23632 7590 12/06/2005

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Jammy Alexander (Depositor's name)
Jammy Alexander (Signature)
3-9-06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,470	10/20/2003	Ronald Marshall Bass	TH-1599 04 (US)	4163

TITLE OF INVENTION: TOROIDAL CHOKE INDUCTOR FOR WIRELESS COMMUNICATION AND CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/06/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS	03/10/2006 BABRAHA2 00000049 191800	10689470	
STEPHENSON, DANIEL P	3672	166-066500	01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page (37 CFR 1.801)			
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Shell Oil Company

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1800 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature RAChael A. Stiegel

Date 1 March 2006

Typed or printed name RAChael A. Stiegel

Registration No. 34,469

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